HCFA-PM-91-4 August, 1991 (BPD)

Attachment 2.2-A Page 6b of 26

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency*	Citation				Gı	roups Covered
		A.		atory Co al Group	_	- Categorically Needy and Other Required inued)
IV-A	1902(a)(10)(A)(i) (II) and 1905 (q) of the Act		14.	Qualit indivi		everely impaired blind and disabled der age 65 who
				(a)	eligibi of the payme of P.I.	the month preceding the first month of fility under the requirements of §1905(q)(2). Act, received SSI, a State supplemental ent under §1616 of the Act or under §212 a.93-66 or benefits under §1619(a) of the and were eligible for Medicaid; or
				(b)	be rec	the month of June 1987, were considered to seiving SSI under §1619(b) of the Act and eligible for Medicaid. These individuals
					(1)	Continue to meet the criteria for blindness or have the disabling physical or mental impairment under which the individual was found to be disabled;
					(2)	Except for earnings, continue to meet all nondisability-related requirements for eligibility for SSI benefits;
					(3)	Have unearned income in amounts that would not cause them to be ineligible for a payment under §1611(b) of the Act;

* Agency that determines eligibility for coverage.

TN No.	93-04	Approval Date	01-03-94	Effective Date	06-16-93
Supersedes	3			•	
TN No.	87-11			HCFA ID:	7983E

Revision: HCFA-PM-91-4 August, 1991 (BPD)

Attachment 2.2-A

Page 6c of 26 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VI	State of VIRGINIA							
		COVERAG	E AND CONDITIO	ONS OI	ELIGIBILITY			
Agency*	Citation			Gro	ups Covered			
		A.	Mandatory Cove Special Groups (Categorically Needy and Other Required ued)			
			((4)	Be seriously inhibited by the lack of Medicaid coverage in their ability to continue to work or obtain employment; and			
			(5)	Have earnings that are not sufficient to provide for himself or herself a reasonable equivalent of the Medicaid, SSI (including any Federally administered SSP), or public funded attendant care services that would be available if he or she did have such earnings.			
					Not applicable with respect to individuals receiving only SSP because the State either does not make SSP payments or does not provide Medicaid to SSP-only recipients.			

	*	Agency	that	determines	eligibility	for	coverage.
--	---	--------	------	------------	-------------	-----	-----------

TN No. 93-04 Approval Date 01-03-94 Effective Date 06-16-93
Supersedes
TN No. 87-11 HCFA ID: 7983E

August, 1991

(BPD)

Attachment 2.2-A

Page 6d of 26 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency* Citation Groups Covered

Mandatory Coverage - Categorically Needy and Other Required A. Special Groups (Continued)

IV-A 1619(b)(3) of the Act X

The State applies more restrictive eligibility requirements Medicaid than under SSI and under 42 CFR 435.121. Individuals who qualify for benefits under §1619(a) of the Act or individuals described above who meet the eligibility requirements for SSI benefits under §1619(b)(1) of the Act and who met the State's more restrictive requirements in the month before the month they qualified for SSI under §1619(a) or met the requirements of §1619(b)(1) of the Act are covered. Eligibility for these individuals continues as long as they continue to qualify for benefits under §1619(a) of the Act or meet the SSI requirements under §1619(b)(1) of the Act.

*	Agency	that	dete	rmines	eligibility	for	coverage.
	- ·		~ 4		_		

TN No.

TN No. Approval Date 01-03-94 Effective Date Supersedes

7983E

06-16-93

HCFA ID:

August, 1991

(BPD)

Attachment 2.2-A Page 6e of 26

OMB No.: 0938-

State of VIRGINIA								
COVERAGE AND CONDITIONS OF ELIGIBILITY								
Agency*	Citation				Groups Covered			
		A.		-	overage - Categorically Needy and Other Required os (Continued)			
IV-A	1634(c) of the Act		15.	for l	ot in States that apply more restrictive requirements Medicaid than under SSI, blind or disabled duals who			
				a.	Are at least 18 years of age;			
				b.	Lose SSI eligibility because they become entitled to OASDI child's benefits under §202(d) of the Act or an increase in these benefits based on their disability. Medicaid eligibility for these individuals continues for as long as they would be eligible for SSI, absence their OASDI eligibility.			
				c.	The State applies more restrictive eligibility requirements than those under SSI, and part or all of the amount of the OASDI benefit that caused SSI/SSP ineligibility and subsequent increases are deducted in determining the amount of countable income for categorically needy eligibility.			
				d.	The State applies more restrictive requirements than those under SSI, and none of the OASDI benefit is deducted in determining the amount of countable income for categorically needy eligibility.			
IV-A	42 CFR 435.122		16.	requir who a (if th because	of in States that apply more restrictive eligibility ements for Medicaid than under SSI, individuals are ineligible for SSI or optional State supplements the agency provides Medicaid under §435.230), see of requirements that do not apply under title of the Act.			
IV-A	42 CFR 435.130		17.	Indivi	duals receiving mandatory State supplements.			

* Agency	that determine	nes eligibility for coverage.			
TN No.	93-04	Approval Date	01-03-94	Effective Date	06-16-93
Supersedes				_	
TN No.				HCFA ID:	7983E
_					

August. 1991

(BPD)

Attachment 2.2-A Page 6f of 26

OMB No.: 0938-

COVERAG	E AND CON	DITIONS OF ELIGIBILITY
		Groups Covered
Α.		Coverage - Categorically Needy and Other Required oups (Continued)
1	Me as of wh De app spo req	dividuals who in December 1973 were eligible for edicaid as an essential spouse and who have continued, spouse, to live with and be essential to the well-being a recipient of cash assistance. The recipient with som the essential spouse is living continues to meet the cember 1973 eligibility requirements of the State's proved plan for OAA, AB, APTD, or AABD and the puse continues to meet the December 1973 quirements for have his or her needs included in imputing the cash payment.
	X	essential spouse was limited to the following group(s):
		■ Aged ■ Blind ■ Disabled Not applicable. In December 1973, the essential spouse was not eligible for Medicaid.
	Α.	A. Mandatory Special Gr 1 18. Inc Me as of wh De app spo req cor

* Agency th	at determines eligibility for coverage.			
TN No. 93	3-04 Approval Date	01-03-94	Effective Date	06-16-93
Supersedes			_	
TN No.			HCFA ID:	7983E

HCFA-PM-91-4 August, 1991 (BPD)

Attachment 2.2-A

Page 6g of 26 OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency	* Citation			Groups Covered
		A.		latory Coverage - Categorically Needy and Other Required (al Groups (Continued)
IV-A	42 CFR 435.132		19.	Institutionalized individuals who were eligible for Medicaid in December 1973 as inpatients of title XIX medical institutions or residents of title XIX intermediate care facilities, if, for each consecutive month after December 1973, they
				a. Continue to meet the December 1973 Medicaid State plan eligibility requirements; and
				b. Remain institutionalized; and
				c. Continue to need institutional care.
	42 CFR 435.133		20.	Blind and disabled individuals who
				a. Meet all current requirements for Medicaid eligibility except the blindness or disability criteria; and
				b. Were eligible for Medicaid in December 1973 as blind or disabled; and
				c. For each consecutive month after December 1973 continue to meet December 1973 eligibility criteria.

* Agency that determines eligibility for coverage.

	_ 	
TN No. 93-04	Approval Date 01-03-94	Effective Date 06-16-93
Supersedes		
TN No.		HCFA ID: 7983E

August, 1991

(BPD)

Attachment 2.2-A Page 7 of 26

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Agency* Citation		Groups Covered					
		A.		-	overage - Categorically Needy and Other Required s (Continued)		
IV-A	42 CFR 435.134		21.	increa 1972),	duals who would be SSI/SSP eligible except for the se in OASDI benefits under P.L. 92-336 (July 1, who were entitled to OASDI in August 1972, and were receiving cash assistance in August 1972.		
				\boxtimes	Includes persons who would have been eligible for cash assistance but had not applied in August 1972 (this group was included in this State's August 1972 plan).		
				X	Includes persons who would have been eligible for cash assistance in August 1972 if not in a medical institution or intermediate care facility (this group was included in this State's August 1972 plan).		
					Not applicable with respect to intermediate care facilities; the State did or does not cover this service.		

* Agency that determines eligibility for coverage.

TN No. 93-04	Approval Date 01-03-94	Effective Date 06-16-93
Supersedes		
TN No. 87-11		HCFA ID: 7983E

August, 1991

(BPD)

Attachment 2.2-A Page 8 of 26

OMB No.: 0938-

State of VIRGINIA							
	COVERAGE AND CONDITIONS OF ELIGIBILITY						
Agency*	Agency* Citation Groups Covered					roups Covered	
		Α.		-	Coverage ps (Cont	- Categorically Needy and Other Required inued)	
IV-A	42 CFR 435.135		22.	Indiv	iduals w	ho	
				a.	SSI/S	receiving OASDI and were receiving SP but became ineligible for SSI/SSP after 1977; and	
				b.	living the A the ir SSI/S	d still be eligible for SSI or SSP if cost-of- increases in OASDI paid under §215(i) of ct received after the last month for which adividual was eligible for and received SP and OASDI, concurrently, were ted from income.	
						Not applicable with respect to individuals receiving only SSP because the State either does not make such payments or does not provide Medicaid to SSP-only individuals.	
						Not applicable because the State applies more restrictive eligibility requirements than those under SSI.	
					X	The State applies more restrictive eligibility requirements than those under SSI and the amount of increase that caused SSI/SSP ineligibility and subsequent increases are deducted when determining the amount of countable income for categorically needy eligibility	

* Agency that determines eligibility for coverage.							
TN No.	93-04	Approval Date 01-03-94	Effective Date 06	-16-93			
Supersede	S						
TN No.	87-11		HCFA ID:	7983E			

August, 1991

(BPD)

Attachment 2.2-A Page 9 of 26

OMB No.: 0938-

State of VIRGINIA							
	COVERAGE AND CONDITIONS OF ELIGIBILITY						
Agency	Citation	Groups Covered					
		Α.		-	overage - Categorically Needy and Other Required os (Continued)		
IV-A	1634 of the Act		23.	for Si benef factor deem or Si	siled widows and widowers who would be eligible SI or SSP except for the increase in their OASDI its as a result of the elimination of the reduction required by §134 of P.L. 98-21 and who are ed, for purposes of title XIX, to be SSI beneficiaries SP beneficiaries for individuals who would be le for SSP only, under §1634(b) of the Act.		
					Not applicable with respect to individuals receiving only SSP because the State either does not make these payments or does not provide Medicaid to SSP-only recipients.		
					The State applies more restrictive eligibility standards than those under SSI and considers these individuals to have income equalling the SSI Federal benefit rate, or SSP benefit rate for individuals who would be eligible for SSP only, when determining countable income for Medicaid categorically needy eligibility.		

* Agency that determines e	eligibility for coverage.	
TN No. 93-04	Approval Date 01-03-94	Effective Date 06-16-93
Supersedes		
TN No. 87-11		HCFA ID: 7983E

(MB)

Attachment 2.2-A

Page 9a of 26

December, 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA COVERAGE AND CONDITIONS OF ELIGIBILITY Agency* Groups Covered Citation 1634(d) of the Act A. Mandatory Coverage - Categorically Needy and Other Required Special Groups (Continued) 24. Disabled widows, disabled widowers, and disabled unmarried divorced spouses who had been married to the insured individual for a period of at least ten years before the divorce became effective, who have attained the age of 50, who are receiving title II payments, and who because of the receipt of title II income lost eligibility for SSI or SSP which they received in the month prior to the month in which they began to receive title II payments, who would be eligible for SSI or SSP if the amount of the title II benefit were not counted as income, and who are not entitled to Medicare Part A. |X|The State applies more restrictive eligibility requirements for its blind or disabled than those of the SSI program. In determining eligibility as categorically needy. the State disregards the amount of the title II identified in §1634(d)(1)(A) determining the income of the individual, but does not disregard any more of this income than would reduce the individual's income to the SSI income standard. In determining eligibility as categorically needy, the State disregards only part of the amount of the benefits identified in §1634(d)(1)(A) in determining the income of the individual, which amount would not reduce the individual's income below the SSI income standard. The amount of these benefits to disregarded is specified in Supplement 4 to Attachment 2.6-A. In determining eligibility as categorically needy, the State chooses not to deduct any of the benefit identified in §1634(d)(1)(A) in determining the income of the individual.

*	Agency	that of	determines	eligibi	lity to	r coverage.

TN No.	93-04	Approval Date 01-03-94	Effective Date 06-16-93
Supersede	S		
TN No.	91-14		HCFA ID: 7983E